

FEE TRANSMITTAL

Application Number 10/550,075 Art Unit 2877
Filing Date Confirmation No. 6188
Inventor(s) Oleg Kolosov, et al.
Examiner Name
Attorney Docket Number SMX 6014.4(2003-011CIP1(PCT/US))

☐ Applicant claims small entity status.

METHOD OF PAYMENT

☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 50-0496. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 50-0496.

☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. ☐ EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00

Indep Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00

Multiple Dependent Claims Fee \$ _____

(HP = highest number of claims paid for)

Subtotal (2) \$ 0.00

3. ☐ APPLICATION SIZE FEE

Total Pages N/A - 100 = NaN ÷ 50 = 0 x \$ ____ = \$ 0.00

(Application + Drawings)

(round up to whole #)

Subtotal (3) \$ 0.00

4. ☒ OTHER FEE(S)

- ☒ Fourth ____ month extension of time
- ☐ Information disclosure statement
- ☐ 37 CFR 1.17(q) processing fee
- ☐ Non-English specification
- ☐ Notice of Appeal
- ☐ Filing a brief in support of appeal
- ☐ Request for oral hearing
- ☒ Other: Surcharge (\$130) as set forth in
37CFR1.492(h)

Subtotal (4) \$ 1720.00

TOTAL AMOUNT OF PAYMENT \$ 1720.00

Michael E. Godar

Michael E. Godar

Reg. No. 28,416

11/22/06

Date

Telephone: 314-231-5400

MEG/cms

By EFS